U S Department of Labor Office of Labor Management Standards Washington DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

4 File Number 11 FOCIO	3. Finant Voor Covered From		
1 File Number U 996 \$P	2 Fiscal Year Covered From		
	1 / 1 / 2005 Through [12 / 31] / [2005		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Stanley P Emerick	Name Local 671 Plumbers & Pipefitters		
	Labor Organization File Number 0 587/9		
P O Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 309 Detroit Avenue	Street 309 Detroit Avenue		
City Monroe	City Monroe		
State Michigan ZIP Code + 4 48162	State Michigan ZIP Code + 4 48162		
5 Position in labor organization Finance Committee			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
monetary value from an employer whose employees your organizat 6 Name and address of Employer (including trade name if any)	zation represents or is actively seeking to represent 7 a Nature of Interest Transaction or Income		
Name			
Trade Name if any			
PO Box Bldg Room No If any			
-	7 b Amount		
Street			
City			
State ZIP Code + 4			
Signature			
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)			
Signed Stanley P E minch	On 3-29 06 (734) 242-571/ Date Telephone Number		
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Name of Person Filing Stanley Emerick		File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any) Name Local 671 Health & Welfare Trust Trade Name if any PO Box Bidg Room No if any Street 309 Detroit Avenue City Monroe State Michigan ZIP Code + 4 48162	XX a Labor Organiza b Trust c Employer				
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	11 a Nature of such deal reimburseme 11 b Approximate dollar val 12 a Nature of interest he see above	nt for lost t	\$264 08		
	12 b Amount	· · · · · · · · · · · · · · · · · · ·	\$264 08		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	14 a Nature of payment				
13 b is the Business an Employer or Consultant?	14 b Amount of payment				